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Towards a new dawn

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Country Programme Action Plan 2013-2017

Government of India and the United Nations Children's Fund

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Foreword

India has seen remarkable transformation in recent years. Economically in particular, it has shown resilience to challenges and tremendous potential for continued growth.

This momentum should now lead to a faster and more inclusive growth by accelerating the social progress.

As home to the world's largest number of children, commensurate investment on children in India – both social and financial – with particular attention to reducing inequities based on caste, ethnicity, gender, poverty, region or religion, is the need of the hour. How every child in India is able to grow and prosper will be representative of how the country will be able to continue its high growth economically, as well as socially.

In this spirit, the Government's 12th Five Year Plan gives emphasis on children, as well as to women, who collectively constitute over 70 per cent of India's population. By ensuring that each and every child survive, develop, and meet his/her fullest potential, India is bound to build on its demographic dividend. India has already taken a path of ensuring women's rights, thereby nurturing them as equal partners in national development with men.

The Ministry of Women and Child Development, as the Government's nodal Ministry for the advancement of children and women, and United Nations Children's Fund (UNICEF) jointly developed the Country Programme Action Plan (CPAP) for 2013-2017 in line with the national priorities and Millennium Development Goals. This was also made possible through a participatory, consultative process, with engagement of government at national and State level, UN and other international agencies, donors, and civil society organisations.

The 12th Plan provides a great opportunity to renew our commitment for children and women of India. This is what underlies in this Country Programme Action Plan for 2013-2017.

Prem Narain
Secretary
Ministry of Women and Child Development
Government of India

Introduction

I am pleased to share with you the 2013-2017 CPAP between the Government of India and UNICEF. The overall goal of the 2013-2017 country programme is to advance the rights of children, adolescents and women to survival, growth, development, participation and protection by reducing inequities based on caste, ethnicity, gender, poverty, region or religion.

The CPAP document is a culmination of months of joint efforts and consultations between UNICEF, government counterparts across several ministries and departments. I would like to take a moment here to acknowledge the role of our nodal Ministry - Ministry of Women and Child Development, in providing key inputs to our Country Programme Document, which was approved by the Executive Board in September 2012.

Based on the broad strokes of our new country programme as outlined in the Country Programme Document, we have developed the CPAP. It details our programmatic objectives and strategies of the programme of cooperation with the Government which aims to be:

- **Relevant** to the rapidly changing context in India, and what added value UNICEF can bring;
- **Aligned to** national priorities as enshrined in the Government's 12th Five Year Plan Approach Paper on "Faster, Sustainable and More Inclusive Growth";
- **Convergent** in its approach: so that all programmes work together to achieve outcomes for children and women throughout their life cycle;
- **Effective and equitable** by taking informed decisions so as to reach the most marginalised and the vulnerable.

The life cycle approach is the core principle of the Country Programme 2013-2017. This is based on the acknowledgement that children and women face multiple deprivations at different stages of their life and that multi-dimensional problems need multi-pronged, inter-sectoral solutions.

Take the example of a woman in India. Our vision for India is one where every woman is empowered to make positive decisions for themselves and their children. Healthy, well-informed mothers give birth to healthy well-nourished children, children who have the potential to grow and develop to their fullest potential, learn in a nurturing and protected environment, and become productive and empowered citizens that can transform India.

The empowerment and participation of adolescent girls and boys is one of the key outcomes of the 2013-2017 programme of cooperation. Through this, adolescents will know their rights and how to protect themselves from risks and vulnerabilities, and duty bearers will have capacity and knowledge to create protective environment free from gender-based violence.

The geographical scope will cover three typologies of states: states with full programming, states with selected programming and states with selected programming where we do not have a physical presence. This is in recognition of the fact that to be relevant and effective; and taking into consideration the diversity of state contexts in terms capacities and indicators - our programming content and strategies needs to differentiated and adaptive to suit these diverse contexts.

This is the essence of the new Country Programme. It has been formulated within the context of 12th Five Year Plan and the United Nations Development Action Framework, and aims to accelerate progress towards the achievement of the Millennium Development Goals. Building on over sixty years of collaboration, UNICEF will continue to be an active partner of the Government in striving to achieve children's rights in India.

Louis-Georges Arsenault
Representative
UNICEF India

CONTENTS

THE FRAMEWORK 1

PART I: BASIS OF RELATIONSHIP 1

PART II: THE SITUATION OF CHILDREN AND WOMEN IN INDIA 1

PART III: PAST COOPERATION AND LESSONS LEARNED 4

PART IV: PROPOSED PROGRAMME 7

Country Programme Outcomes and Strategies 7

I. Capacity development at individual, institutional and policy levels 7

II. Promoting decentralisation and improved governance for child rights 9

III. Partnerships 10

IV. Social inclusion for equity 11

V. Knowledge management 12

Programme Component 15

Programme Component 1: Infants, young children and their mothers have equitable access to, and utilise, quality services for child survival, growth and development 15

Programme Component 2: Boys and girls live in a protective and learning environment and have equitable access to and utilise quality education and protection services 19

Programme Component 3: Adolescents participate in and are empowered to make informed decisions affecting their lives 23

Programme Component 4: Policies, practices, programmes, public opinion and social norms advance the rights of children, adolescents and women 26

Programme Structure 30

Summary Budget Table 31

PART V: PARTNERSHIP STRATEGY 31

PART VI: PROGRAMME MANAGEMENT 32

PART VII: MONITORING AND EVALUATION 34

PART VIII: COMMITMENTS OF UNICEF 35

PART IX: COMMITMENTS OF THE GOVERNMENT 36

PART X: OTHER PROVISIONS 39

Annex E: Acronyms 40

THE FRAMEWORK

The Government of India, hereinafter referred to as "the Government" and the United Nations Children's Fund, hereinafter referred to as "UNICEF",

- ***Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child;*
- ***Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;*
- ***Entering** into a new period of cooperation from 1 January 2013 to 31 December 2017;*
- ***Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;*

Have agreed as follows:

PART I: BASIS OF RELATIONSHIP

1. *The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 10 May 1949, and amended on 5 April 1978, provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan for the period 2013 to 2017 is to be interpreted and implemented in conformity with the BCA. The programmes and projects described herein have been agreed jointly by the Government and UNICEF.*

PART II: THE SITUATION OF CHILDREN AND WOMEN IN INDIA

Basic data[†] (2010 unless otherwise stated)	
Child population (*millions, under 18 years*)	447
U5MR (*per 1,000 live births*) (*male/female*)	59 (55/64)
Underweight (*%, moderate & severe, 2005-2006*) (*%, urban/rural, poorest/richest*)	43 [a] (33/46, 57/20)
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	200 [b]
Primary school attendance (*% net, male/female, 2007-2008*)	86/83
Survival rate to last primary grade (*%, 2005-2006*)	95
Use of improved drinking water sources (*%, 2011*)	87
Use of improved sanitation facilities (*%*)	34
Adult HIV prevalence rate (*%, 2011*)	0.27
Child labour (*%, 5-14 years of age 2005-2006*)	12
Birth registration (*%, under 5 years of age, 2005-2006*) (*%, male/female, urban/rural, poorest/richest*)	41 (41/41, 59/35, 24/72)

Contd...

Basic data[†](2010 unless otherwise stated)	
GNI per capita (*US$*)	1340
One-year-olds immunised with DPT3 (*%, 2009*)	72
One-year-olds immunised against measles (*%, 2009*)	74

[†] Comprehensive country data on children and women can be found at www.childinfo.org

[a] Underweight estimates based on the WHO Child Growth Standards adopted in 2006 for children under the age of five.

[b] The reported estimate is 212 deaths per 100,000 live births, according to the Special Bulletin on Maternal Mortality in India, 2007-2009, released in 2011. The estimate of 200 deaths per 100,000 live births is from the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for under reporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html

Summary of the Situation of Children, Adolescents and Women

2. Nearly 40 per cent of its estimated 1.2 billion population under the age of 18,[1] India is home to the largest number of children in the world. About half of the children[2] from poor families belong to disadvantaged groups like Scheduled Castes and Scheduled Tribes.[3] India contributes to more than 20 per cent of the world's child deaths, with approximately 1.73 million[4] children dying annually before completing their fifth birthday.

3. The gross domestic product has grown at an average of 8.2[5] per cent over the last five years and the Government's commitment to 'inclusive growth' has resulted in increased allocations to the social sector. This, combined with a progressive legislative policy environment, numerous social sector programmes, protection schemes and local self-governance through the Panchayati Raj system – has helped improve the lives of India's children and women.

4. Economic growth has not yielded commensurate results in the reduction of poverty and disparity, and as a result achievements have been uneven in meeting the targets of the Millennium Development Goals. About 30 per cent[6] of the population lives below the national poverty line. This signifies inequities in living standards with strong correlations between deprivation, discrimination, exclusion amongst socio-religious groups and disparities along gender and rural-urban lines. A child born in the poorest household is three times as likely to die before the age of five as compared to a child born in the richest household. The under-five mortality rates for Scheduled Tribes and Scheduled Castes are 96 and 88 deaths per 1,000 live births, respectively, compared to 60 deaths for the general population.[7]

5. Ten more girls than boys die before reaching their fifth birthday out of every 1,000 live births, and among girls there is a sharp drop in attendance between primary and secondary school. More than 80 million children aged 6-14 years drop out before they complete the full eight year elementary education cycle.[8] There is also an estimated 8.1 million children out of school and millions more not attending school,[9]

[1] Provisional figures, Census 2011.
[2] 0-17 years.
[3] Scheduled Castes and Scheduled Tribes are disadvantaged communities accorded special status by the Constitution of India, along with Other Backward Classes.
[4] UNICEF, *The State of the World Children's Report 2012: Children in an Urban World*.
[5] *Faster, Sustainable and More Inclusive Growth. An Approach to the 12th Five Year Plan*, Government of India, August 2011.
[6] Press Note on Poverty Estimates, 2009-10, Planning Commission, dated March 2012.
[7] Includes population other than Scheduled Castes and Scheduled Tribes.
[8] Ministry of Human Resource Development (MHRD), School Statistics Education, 2008-2009.
[9] Social and Research Institute-IMRB (on behalf of MHRD), 2008-2009.

the majority of who belong to socially disadvantaged groups from the most deprived and marginalised communities.[10] Eight states[11] with the highest under-five mortality rates contribute to 47 per cent of the population and carry the burden of almost 70 per cent of under-five and infant deaths.

6. Progress towards the Millennium Development Goals targets remains uneven. A 56 per cent decline[12] in child mortality in the 1-4-year age group since 1990 notwithstanding, the overall decline in child mortality has been hindered by very limited progress in neonatal survival, especially within the first week of birth. To meet the Millennium Development Goals target on child survival, the health, nutrition, educational and social status of mothers and infants needs to improve, as does early childhood feeding, care and development. Equally important is to improve access to, and use of, quality services. The infant mortality rate (IMR) declined 13 points since 2006, an average decline of slightly more than two points per year.

7. The large scale of maternal and child undernutrition poses a challenge for India in reaching the Millennium Development Goals on child nutrition, survival and development. Recent government efforts in restructuring the Integrated Child Development Services (ICDS) and other initiatives exemplify national commitment to holistic child development.

8. With a maternal mortality ratio (MMR) of 200[13] deaths per 100,000 live births, India is making progress on Millennium Development Goal 5. One contributing factor has been the introduction of a conditional cash transfer scheme, which improved institutional delivery from 38.7 per cent in 2005-2006 to 72 per cent in 2009.[14] However, the quality of maternal care remains a concern.

9. India has reached the target on access to improved drinking water sources, yet improving sanitation and drinking water quality remains a huge challenge. Only 47 per cent of the households have access to toilet[15] facilities and more than 600 million people, defecate in the open.[16] Promoting the use of toilets and quality drinking water are urgent needs.

10. Progress is evident in universalising primary education, and India is likely to achieve this Millennium Development Goal.[17] Enrolment and completion rates of girls in primary school have improved and are catching up with those of boys, as are elementary completion rates. In light of the Right of Children to Free and Compulsory Education Act (RTE), the challenges now are sub-optimal learning achievements and completion of upper primary education, particularly among girls, children in rural areas and those belonging to minority groups and the poorest wealth quintiles.

11. In child protection, issues like child marriage, child labour and gender-biased sex selection threaten the environment in which children live. Forty three per cent of women in the 20-24 age group are married

[10] This includes Scheduled Tribes, Scheduled Castes, and Muslim children especially girls; children vulnerable to child labour/trafficking and child marriage; HIV-affected children; urban slum children; children with special needs; children without parental care; and children in situations of disaster and civil strife.
[11] Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh.
[12] Computing based on 1990 and 2008 figures, Sample Registration System, Registrar General of India, Government of India.
[13] Trends in maternal mortality: 1990 to 2010; WHO, UNICEF, UNFPA and The World Bank estimates, May 2012. According to the *Special Bulletin on Maternal Mortality in India 2011*, the estimate is 212 deaths per 100,000 live births in 2007-2009.
[14] Coverage Evaluation Survey, Ministry of Health and Family Welfare, 2009.
[15] Census 2011 – Housing, Housing Amenities and Assets results 2012.
[16] Joint Monitoring Programme – UNICEF and WHO, 2012.
[17] http://unstats.un.org/unsd/mdg

before the legal age of 18 years[18] and an estimated 28 million children in the 5-14 age group are engaged in work.[19] Census figures show a continued decline in child sex ratios (0-6 age group), from 927 girls per 1,000 boys in 2001 to 914 girls in 2011.

12. Another important area of concern is children's rights affected by ethnic violence and extremism in some areas of states. There is growing concern on how this affects children, both in terms of access and availability of basic services and a need for enhancing the protective environment.

13. Recognising these challenges, the Government has implemented national flagship programmes for education, reproductive and child health, child development, nutrition, protection and water and sanitation. Restructuring and universalising ICDS to respond to child development challenges provide great opportunities to accelerate progress towards the Millennium Development Goals with greater inclusion. Programmes for adolescent girls – the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls and the Indira Gandhi *Matritva Sahyog Yojana* (IGMSY) provide a continuum of care across the life cycle using the ICDS platform, while provisions in the Right to Education Act, the Integrated Child Protection Scheme (ICPS) and HIV prevention programme build substantially on this continuum.

14. Natural disasters severely impede development. There are definite indications that climate change will increase the frequency and intensity of natural disasters in the coming years,[20] requiring climate change adaptation and disaster risk reduction.

PART III: PAST COOPERATION AND LESSONS LEARNED

15. The current Government of India-UNICEF country programme is closely aligned to Government's 11th Five Year Plan (2007-2012) and the 2008-2012 United Nations Development Action Framework (UNDAF). It contributed to the 11th Five Year Plan objectives and the following national policies and schemes through advocacy, expanded partnerships and the provision of technical assistance:

    i. Support to the National Rural Health Mission (NRHM) and the second phase of the Reproductive and Child Health programme resulted in increased access to institutional and community-based maternal, neonatal and child health services. This contributed to a reduction in the MMR (from 280[21] to 200) and IMR (from 58 to 44).[22] The percentage of fully immunised children increased by 17 percentage points between 2006 and 2009;[23]

    ii. Polio cases in India fell from 559 in 2008 to no case in 2012.[24] The Government, in partnership with UNICEF, the World Health Organization (WHO), the Bill & Melinda Gates Foundation, Rotary International and the Centers for Disease Control and Prevention contributed to almost universal awareness of the need to vaccinate all children under five against polio;

[18] District Level Household Survey 3, 2007-2008.
[19] National Family Health Survey (NFHS) 2005-2006 estimates that 11.8 per cent of children are engaged in work. The figure for child labour has been calculated based on provisional Census results of 2011. The proportion of children at the age of 5-14 for the year 2011 has been computed based on the Population Projection Report by the Office of the Registrar General of India, 2006.
[20] Government of India's National Policy on Disaster Management, 2009.
[21] See the Basic Data table. Estimates for India were revised by the United Nations Interagency Group, after successfully advocating for the consideration of the verbal autopsy method adopted by India's Sample Registration System.
[22] Sample Registration System, 2005 and 2011.
[23] NFHS 2005-2006 and the Coverage Evaluation Survey (CES) 2010.
[24] National Polio Surveillance Project.

iii. Rates of early initiation of breastfeeding increased from 25 per cent in 2006 to 34 per cent in 2009,[25] vitamin A supplementation coverage increased from 33 per cent in 2007[26] to 66 per cent in 2009.[27] Access to iodised salt by households increased from 54 per cent in 2006 to 71 per cent in 2009.[28] WHO Child Growth Standards were introduced and rolled out in NRHM and ICDS. This, along with the Mother-Child Protection Card helped strengthen the continuum of care (improved access, utilisation, practices and tracking) for the delivery of essential services to mothers, newborns and children under three years of age;

iv. A recent survey indicates a 20 per cent reduction in the proportion of underweight children in the 100 poorest districts.[29] Furthermore, the preliminary results of a survey conducted in Maharashtra[30] indicate that the prevalence of stunting in children under the age of two has decreased from 39.0 per cent in 2006[31] to 22.8 per cent in 2012. Also a district level survey in Madhya Pradesh shows that levels of underweight and stunting among children under the age of five have decreased from 60 per cent and 50 per cent in 2005-06 to 52 per cent and 49 per cent respectively;[32]

v. Operational Guidelines on Facility-based Management of Children with Severe Acute Malnutrition were issued by the Ministry of Health and Family Welfare (MoHFW), and Nutrition Guidelines for HIV-Exposed and Infected Children were launched by the National AIDS Control Organisation;

vi. Ministry of Women and Child Development (MWCD) successfully launched nationwide *Communication Campaign on Maternal and Child Nutrition* in November 2012, jointly with Mr. Aamir Khan, a renowned actor and UNICEF Ambassador promoting nutrition for children. This is one of the largest public service campaigns in the country, reaching people across India, through diverse means of communication in 18 languages;

vii. Rural sanitation coverage (toilet construction) increased from 48 per cent in 2008 to 67 per cent in 2010.[33] Advocacy led to a significant shift in the *Nirmal Bharat Abhiyan* (NBA)[34] guidelines to focus on sustained use of sanitation facilities. This, together with the *Nirmal Gram Puraskar* (clean village award), contributed to an increase of 19.7 million new toilet-users per year,[35] of whom 12.8 million are in rural areas;

viii. The achievements of the Government's Education for All programme – *Sarva Shiksha Abhiyan* (SSA) are evident in improved gross completion rates at the primary level, which increased from 90 per cent in 2007-2008 to 102 per cent in 2010-2011.[36] Building on this and benefiting from the investments

[25] NFHS 2005-2006 and CES 2009. A more recent GoI Annual Health Survey (2010) that covers nine states shows improvements in all locations, by a range of 17-38 percentage points.
[26] UNICEF, The State of the World's Children Report 2009: Maternal and Newborn Health.
[27] UNICEF, The State of the World's Children Report 2011: Adolescence – An Age of Opportunity.
[28] NFHS 2005-2006 and CES 2009.
[29] HUNGaMA (Hunger and Malnutrition) Survey Report 2011. Naandi Foundation. Comparison with data from District Level Household Survey, 2002-2004.
[30] Comprehensive Nutrition Survey in Maharashtra.http://www.unicef.org/india/Nutrition_Maharashtra.docx Accessed on 29 December 2012.
[31] National Family Health Survey 2005-06.
[32] Conducted in 2010 by the National Institute of Nutrition.
[33] Ministry of Drinking Water and Sanitation, Government of India, www.ddws.nic.in
[34] Clean India Campaign. Total Sanitation Campaign has been renamed in 2012.
[35] 2000-2008, Joint Monitoring Programme 2010.
[36] Flash Statistics, Elementary Education in India, District Information for Systems in Education 2010-2011. Completion rate calculated on the basis of Grade 5 enrolment, minus repeaters in Grade 5, as a percentage of the 11-year-old child population age group.

under the 11th Five Year Plan, the Right to Education Act was enacted in 2010. Major elements of the Child-Friendly Schools and Systems Framework have been integrated into SSA, resulting in 470,000 schools in 14 states made more child-friendly through activity-based learning, improved water, sanitation and hygiene facilities and the provision of midday meals;

ix. Close collaboration with the National AIDS Control Organisation resulted in increased coverage of services to prevent parent-to-child transmission of HIV and the launch of early infant diagnosis. This facilitates early treatment with antiretrovirals, thereby safeguarding infants who are HIV positive;

x. The ICPS was launched and is being rolled out across India. This seeks to establish a protective environment for all children, especially the most vulnerable, and promotes family-based care. Approximately 5 million children in seven child labour-intensive states are being reached through integrated child rights interventions. This includes identification of out-of-school children, provision of quality education and links to social protection schemes;

xi. Gender issues were mainstreamed into the training and communication strategy for Census 2011. This helped 2.7 million enumerators and supervisors collect quality disaggregated data as part of the UNICEF contribution to the joint United Nations support to the Census. Furthermore, the establishment of a *Census Info Dashboard*[37] helped to make disaggregated data more user-friendly;

xii. UNICEF supported MWCD to develop the Third and Fourth Periodic Reports and the Initial Reports on the implementation of the Convention on the Rights of the Child (CRC) and its two Optional Protocols, respectively. This was done through a participatory process, involving both government and civil society;

xiii. Critical behaviours identified in *Facts for Life* and prioritised by the Government's national programmes were packaged into a daily tele-serial, *Kyunki… Jeena Issi Ka Naam Hai* (Because…that's what life is!). The entertainment-education serial reached 145 million viewers, including 61 per cent of women between the ages of 15-34 in hard-to-reach areas of Hindi-speaking states, and data indicates significant knowledge gains in viewership;

xiv. UNICEF helped the National Disaster Management Authority to develop policy documents such as the Post Disaster Reconstruction Guidelines, and the National Norms and Standards that set guidelines for services like medical coverage and psychosocial care in relief camps.

Lessons learned

16. *Evaluation of UNICEF Strategic Positioning in India*[38] (2011) assessed the five key strategies of the 2008-2012 country programme (knowledge management, capacity development, partnership, integrated district approach and social inclusion) found UNICEF strengths to be in introducing and supporting pilot programmes, scaling up innovations, and strengthening government capacity to identify gaps and improve implementation. A need was found for clearer guidelines on managing and scaling up pilot programmes, including evaluation. A gender review conducted in 2010 concluded that ongoing interventions in girls' education, water and sanitation, child development and nutrition, anaemia, child protection, and the

[37] http://censusindia.gov.in/2011census/censusinfodashboard/index.html
[38] http://www.unicef.org/india/resources_7827.htm

strategy on social inclusion are well designed and well positioned to advance children's and women's rights. A study undertaken in 2011, *Understanding the Perceptions of UNICEF's Partners in India*, found the UNICEF key strengths to be in convening different partners around children's rights and leveraging close working relationships with the Government by providing global knowledge and technical assistance.

PART IV: PROPOSED PROGRAMME

Country Programme Outcomes and Strategies

17. The 2013-2017 country programme was prepared in close consultation with MWCD, and the preparation process was closely dovetailed with that of the UNDAF, as well as the Government's 12th Five Year Plan and National Policy for Children that are emerging.

18. The overall goal of the 2013-2017 country programme is to advance the rights of children, adolescents and women to survival, growth, development, participation and protection and reduce inequities based on caste, ethnicity, gender, poverty, region or religion.

19. The country programme is framed using a life-cycle approach with a strong equity lens and inter-sectoral convergence as the core of the four Programme Component Results:

- Infants, young children and their mothers have equitable access to, and utilise, quality services for child survival, growth and development;
- Boys and girls live in a protective and learning environment and have equitable access to, and utilise, quality education and protection services;
- Adolescents participate in and are empowered to make informed decisions affecting their lives;
- Policies, practices, programmes, public opinion and social norms advance the rights of children, adolescents and women.

20. With adequate financial resources, a policy framework and large-scale national flagship programmes in place, the need is to enhance their effective implementation in a way that ends the inter-generational cycle of deprivation among the poorest and most marginalised. It is here that UNICEF aims to play a catalytic role in its support to government, by adopting a strong rights-based approach and using a combination of cross-cutting strategies, namely capacity development, decentralisation and improved governance, partnerships, social inclusion for equity, and knowledge management in line with national policies.

I. Capacity development at individual, institutional and policy levels

Capacity Development lies at the core of UNICEF's work. This is especially relevant in light of the fact that while the Government has the required resources, policy framework and large scale public service programmes; what is equally important are capacities at individual, institutional and policy levels to ensure the demand, delivery, reach and use of quality services.

UNICEF's strategy entails developing capacities at individual, institutional and policy level. This includes identifying systemic bottlenecks, gaps, improving data analysis and monitoring, enhancing skills of government functionaries and promoting social norms and behaviours favourable to the realisation of children's rights.

In strengthening capacities, careful diagnosis is needed to decide where and in what mix interventions are likely to be most effective – especially the balance between building capacities at the individual, organisational and wider institutional levels. The institutional perspective on capacity opens the possibility of addressing wider systemic obstacles and strengthening partners' capacity to take the decisions and actions necessary to advance child rights.

Equally important is to focus on societal norms, attitudes and behaviours which can be obstacles to development. This calls for interventions seeking to influence social norms and behavioural determinants in a positive way, by providing research evidence, resources, ideas, processes, activities and other inputs to key stakeholders both within and outside government. These strategies will be evidence-based, strategic and knowledge-intensive, and requires enhanced capacities and skills inside organisations to be able to influence positive change.

Given this, UNICEF's capacity development strategies can be categorised in two main areas, (i) systems strengthening through training and skills enhancement, and (ii) systems strengthening through promoting social and behaviour change.

i. **Training and skills enhancement** addresses change at individual and institutional level, and entails:
   - Comprehensive capacity enhancement, including positive attitude to rights holders, motivation and training to strengthen the effectiveness of individuals and organisations to deliver services with equity.
   - Provision of techno-managerial support to improve the design and implementation of programmes and the quality of policies.
   - Creation and management of relevant knowledge for organisations and institutions in pursuit of programme goals and objectives.
   - Dissemination of credible and relevant information available for child rights-related actors, to give them more influence on policy, resources and services.
   - Provision of financial and material support in areas where shortfalls are critical to programme success.

ii. **Social and behaviour change** addresses change at societal and community level through capacity development of organisations and institutions that have the mandate and potential to contribute to the realisation of child rights. This will facilitate programmatic outcomes while also feeding into change at the opinion and policy-making level. This stream of capacity development entails:
   - Promoting and strengthening social norms favourable to – and address those that hinder the realisation of – children's rights.
   - Creating and sharing knowledge and supporting positive attitudes conducive to the intended change for key stakeholders.
   - Promoting innovations and behaviours favourable to children rights.
   - Empowering and enabling actors with an interest in the rights of children to have a stronger voice and more influence.
   - Increasing demand for entitlements in terms of social services.

Interventions will be directed at supporting government and civil society partners in addressing gaps in service delivery on the supply side and in mobilising demand for services. Special efforts will be invested in improving the quality of services in maternal and child health, nutrition, public health, hygiene and sanitation, education and child protection services and the motivation and supportive supervision of service providers, promoting the inclusion of communication strategies to promote social norms and behaviours favourable to child rights; and facilitating effective engagement of local communities in oversight and accountability of local level services.

The ultimate objective of the capacity development strategy is for duty-bearers to be able to meet their obligations and for 'rights-holders' to be able to claim their rights.

II. Promoting decentralisation and improved governance for child rights

A key comparative advantage of UNICEF India is its field level presence. The recent evaluation of UNICEF India's five key strategies of the 2008-2012 country programme[39] revealed that government at national and state level perceive UNICEF as a unique and "trusted development partner" due to close engagement with state governments and district administrations. This has allowed UNICEF to test pilots and innovations at district level, facilitate their replication and up-scale, and inform advocacy for policy change at the state and national level. The strategy on decentralisation and improved governance therefore maximises the impact of programme interventions at the district level and supports the realisation of all four Programme Component Results.

The 73rd and the 74th Amendments to India's Constitution mandate elected governments at the district and sub district level, with the establishment of District Planning Committees to guide and oversee the formulation of decentralised District Plans based on the collation of plans from the rural and urban local self-governments. The Government's flagship programmes also have district Programme Implementation Plans (PIPs), which is the ultimate planning and budget tool for the flagship programmes.

The call on UNICEF is to provide technical assistance – combining global experience with local knowledge – to test innovative pilot interventions and support implementation at scale. The objective is to improve the delivery, reach and quality of services that address children's rights. UNICEF will continue to support government at the national and state level, by testing and using evidence from pilot interventions at the district level and replicating and up scaling these using government resources. Capacity building of local self-governments at the district and sub district levels, both in rural and urban settings, will be key to achieving these objectives.

Building on the lessons learnt from the integrated district approach and other district based initiatives from previous country programmes, the strategy to achieve convergence at district level will comprise of seven elements of programming:

i. **Empowering communities to:**

- Understand and address social, cultural, political and economic determinants that underpin development outcomes.
- Bring about positive change through adopting behaviours at the household level (e.g. breastfeeding, hand washing, stopping the practice of open defecation) and creating aspirational needs.

[39] *Evaluation of UNICEF Strategic Positioning in India. 2011*. http://www.unicef.org/india/resources_7827.htm

- Demand for the delivery of and use quality services by making communities aware of their rights and entitlements, while empowering them to participate in local governance.

ii. **Improving data analysis and management** through support to District Planning Committees and District Administration. These units such as the District Planning and Monitoring Unit will help the sectoral departments collate and analyse data emanating from community processes and routine monitoring systems, and use this for improved planning and monitoring.

iii. **Supporting sectoral departments** to develop a bottom up approach to planning that factor in both local needs of the community, as well as entitlements as enshrined in national and state polices. The aim is to anchor the various micro-planning processes within the Panchayati Raj system. This will ensure convergence between sectoral plans and alignment between Project Implementation Plans and decentralised district plans.

iv. **Facilitating improved coordination at the district, block and *panchayat* level** by creating and strengthening convergent committees at the district, block and panchayat level. UNICEF support will build on existing initiatives such as the panchayat coordination committees and the block level task forces.

v. **Promoting decentralised plans** by strengthening the capacities of local self-governments to develop child-friendly development plans at the panchayat, block and district level. Most of the issues related to children and women are 'subjects' which are mandated to be decentralised to the panchayats. The aim will also be to ensure that these plans are informed by reliable data on the situation of children and women.

vi. **Supporting the district authorities for setting up grievance redressal systems** and low cost Information Communications Technology (ICT) enabled mechanisms to ensure swift and efficient redressal.

vii. **Advocating for increased devolution of funds to local self-governments** in the spirit of the 73rd and 74th Amendment. This will be done through both advocacy with and technical assistance to state governments.Equally important, will be to build the capacities of government functionaries to understand their roles and responsibilities.

III. Partnerships

A key strategy of the new country programme will entail leveraging partnerships both within and outside the Government. This is particularly relevant in light of the findings of the 2011 study on "*Understanding the perception of UNICEF's partners in India*", that found UNICEF's key strengths to be in convening different partners around children's rights and leveraging its close working relationships with the Government.

UNICEF engages in a broad range of *partnerships* (based on a written agreement and which may involve the exchange of resources) and *collaborative relationships* (based on an informal agreement and not involving transfer of resources), with many of them evolving over time. Such partnerships will be created with the Government at the national, state and district levels, as well partners from civil society, academia, media and the private sector in support of the achievement of the results under the four Programme Components.

The objective of UNICEF forging partnerships with diverse entities and actors is to mutually reinforce each other's agendas and strengths while using evidence-based advocacy to directly and indirectly

influence decision-makers, stakeholders and relevant audiences in supporting the fulfilment of the rights of children and women. The focus of these partnerships will be to create an enabling environment and public dialogue and debate around child rights issues, and to facilitate implementation and scale up in the delivery of social services.

Through these partnerships, UNICEF aims to build capacities in the design and implementation of interventions, advocate for policy change, and mobilise political, financial and social support for the most deprived.

UNICEF will engage with a wide range of partners at three key levels:

- To facilitate an enabling environment for change at the policy level, UNICEF will forge strategic partnerships and networks with decision makers, including from government, members of parliament and key influencers including elected representatives, faith-based leaders, celebrities, the judiciary, media, civil society organisations and young people. This will help to initiate and support a discourse which will raise the profile and visibility of children's issues in the country.
- To strengthen the delivery and reach of services, UNICEF will work with the Ministry of Women and Child Development (MWCD), the Ministry of Human Resources Development (MHRD), Ministry of Rural Development, MoHFW, Ministry of Social Justice and Empowerment, Ministry of Labour and Employment, and other government bodies.
- To create demand for and monitor the quality of services, with equity – engage with non-governmental and community-based organisations while also testing, replicating and scaling up new and innovative approaches and models to generate demand at the community level.

IV. Social inclusion for equity

Pronounced inequalities between marginalised groups as compared to others persist in India, with strong correlations between deprivation, discrimination, exclusion amongst socio-religious groups and disparities along gender and rural-urban lines.

India has significant constitutional, legal and institutional provisions to safeguard and promote the interests and status of its marginalised citizens. A key strategy of the Government is affirmative action in the areas of political representation, education and employment. The current policy frameworks of key national flagship programmes also have strongly articulated commitments to reduce disparities. However this strong articulation on equity does not translate into commensurate outcomes for the vulnerable and marginalised. Policy and programme documents offer little disaggregated analysis on causal pathways, and fail to uphold this prioritisation consistently within planning, resource allocation, monitoring and evaluation.

This calls for sustained efforts to address inequalities through focused actions for and with deprived communities, something that is underlined through the continued commitment in both the *Approach Paper to India's 12th Five Year Plan: Faster, Sustainable and More Inclusive Growth* and the UNDAF 2013-2017.

Social inclusion for equity is both a programming lens and a key strategy for UNICEF. Its objectives are to improve the realisation of basic rights for all children, irrespective of ethnicity, caste, gender or any other marker which is used to prevent children, their families and communities from freely gaining access to information, public services and institutions. Also important is to address the lack of voice,

agency and empowerment which further influence the ways in which marginalised social groups are able to articulate their needs and claim their entitlements.

As noted by the *Approach Paper to India's 12th Five Year Plan*, to achieve inclusiveness in all these dimensions requires multiple interventions, and success depends not only on introducing new policies and government programmes, but on institutional and attitudinal changes, especially to improve the implementation of existing flagship programmes. This suggests the need for a multifaceted strategy that can operate simultaneously to address different kinds of barriers faced by the excluded.

First, an **equity lens** is needed to ensure that disaggregated and other forms of data are used to identify where the most excluded or vulnerable communities are located, and what the barriers are to their participation and access to public services. The identified groups, areas and barriers need to be addressed as a matter of priority across various sectoral programmes, supported by sound evidence, communication strategies, documentation, monitoring and evaluation and appropriate policy advocacy. Linkages with the work of the Assessment and Monitoring Authority anchored in the Planning Commission will be made to ensure attention to this critical area.

Many of the barriers faced by excluded communities are not easily addressed by merely ensuring physical access. These barriers can range from and include differences in language and socio-cultural systems to issues of marginalisation caused by historical norms and practices. All social groups are not marginalised in the same way, or experience the same barriers. Hence ensuring attention to the underlying and structural factors that underpin these barriers, and responding to them with appropriate strategies is necessary.

Second, it is important to address structural and systemic factors through different and complementary strategies notably, strengthening capacities of stakeholders to understand and identify facets and manifestations of discrimination, and employ strategies to address this through public and policy advocacy for social change. This is central to promoting a human rights based approach to programming. Social and behavioural change communication strategies that can create an enabling environment to promote non-discrimination will play a critical role in facilitating these change processes.

Third, support to the building of community based organisations of excluded groups is a necessary component of long term change, as collective strength plays an important role in minimising marginalisation and discrimination. This has been well demonstrated by India's rich network of civil society groups and movements, and hence partnerships with and support to groups working amongst the most marginalised will be important.

Finally, advocacy and support for universal strategies to promote social protection as a means of providing a minimal guarantee to all citizens is also seen as a critical complement to sectoral strategies to reduce disparities and inequities. The Government's commitment to building a national social protection floor through large scale social protection programmes and innovative reforms in the areas of social safety nets, health insurance, pensions and other areas provides an important entry-point to ensure that vulnerability to poverty does not adversely impact the ability of households to invest in the well-being of their children.

V. Knowledge management

Capitalising on India's economic growth and large-scale social sector programmes, UNICEF must increasingly focus on how its comparative advantage and contributions can lead to significant gains

in inclusive development in India. There is growing emphasis on evidence-based advocacy to inform positive changes in opinion, policy and decision-making processes. UNICEF will identify strategic areas of influence and play the role of a "knowledge broker" for children, adolescents and women.

Knowledge management as a key strategy will focus on strengthening capacities and systems both of government and partners as well as internally within UNICEF so that policies and programmes are evaluated, and results are documented and used as evidence to advocate for the rights of children and women.

With the aim is to generate solid evidence for policy, programming, replication or scale-up, UNICEF will support government and partners measure and evaluate results. Particular attention will be placed on equity using gender lens. Reinforced by disaggregated data collection, analysis and dissemination, an enhanced focus will be placed on evaluation to provide evidence and lessons on what works to address inequity.

In terms of strengthening the internal capacities and knowledge management function within UNICEF, efforts will focus on improving the process of identifying, designing, evaluating, documenting and disseminating good practices and innovations, while developing human resource capacity. Through engagement and participation of government, civil society, academia, community and other partner agencies in the process, it will be ensured that the knowledge generated and disseminated is demand-driven and informs positive changes at different levels. This will serve to improve the quality of the evidence generated and by extension, UNICEF's influence on programmes and policies.

To promote the use of knowledge, dynamic knowledge collaboration and exchanges will be facilitated through innovative technologies and approaches such as on-line discussions, virtual library, *wiki* and *WebEx* seminars to connect those who have influence with development practitioners, researchers, other users and a broader audience at large. This will contribute to establishing a knowledge network for children and women of India, while also facilitating the exchange of knowledge between and across states in India as well as regional and global sharing through South-South Cooperation.

Knowledge platforms and tools, such as IT-based exchange of good practices around children's issues and Child Development Resource Centres, will be supported through MWCD and National Institute of Public Cooperation and Child Development (NIPCCD).

21. The objective of these over-arching strategies is to seek change at three key levels:

i. Change at opinion, decision and policy making levels which include law makers, members of parliament, media, celebrities and the general public. This is aimed at informing policy and promoting an enabling environment for defending children's rights and ensuring the effective and efficient quality delivery of services to the most deprived and marginalised communities.

ii. Change at institutional level which includes strategic systems strengthening and technical/managerial skills development of government and civil society to ensure nuanced and differentiated strategies to reach the most vulnerable.

iii. Change at sub-national and community level which includes duty-bearers and other key stakeholders. The aim is to bring about change at the micro level through testing models and innovations that can be upscaled and replicated in other areas for wider impact.

22. An analysis of the progress towards MDGs and flagship schemes reveals differences in progress and performance across states.[40] A differentiated programming approach will be applied across the states where UNICEF will be working, namely (i) eight states which carry the burden of almost 70 per cent of under-five and infant deaths will be prioritised with full programming (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh); (ii) five states showing improved social indicators and higher urbanization rates are gradually transitioning to a more developed status and will be focusing on selected programming (Andhra Pradesh, Gujarat, Maharashtra, Tamil Nadu, West Bengal); and (iii) states where UNICEF does not have a physical presence and will support selected programming (Haryana, Jammu & Kashmir, Kerala, Karnataka, Punjab and the UNDAF states in the North East) in very definite areas that need special attention. In the case of new programming states (e.g. Haryana, Jammu & Kashmir, Punjab and the states in the North East), areas of support will be considered case by case and as per request from the respective state government. The 2013-17 GOI-UNICEF Programme of Co-operation will, therefore adjust the magnitude of programming and adopt a range of strategies to deal with these geographical differences, while taking into account socio-economic disparities within the states.

23. Focus will be placed on supporting MWCD – the nodal ministry for early childhood care and education – in strengthening and restructuring of ICDS for children under six and repositioning *Anganwadi* centres as vibrant child-friendly early childhood development centres. This will be done primarily through the following:

a. The Child Development and Nutrition programme will support national policies and programmes to protect, promote and support essential infant and young child feeding and care practices for optimal nutrition and development. Simultaneously, the Child Development and Nutrition programme will support national policies and programmes on women's nutrition, care and empowerment, particularly during adolescence, pregnancy and lactation.

b. The Reproductive and Child Health (RCH) programme will provide technical assistance to ICDS in the areas such as strengthening the Village Health and Nutrition Days and promoting integrated supportive supervision of frontline workers. The RCH programme will also assist in developing technical guidelines for health interventions within the restructured ICDS framework.

c. The Water, Sanitation and Hygiene (WASH) programme will continue to support the development of WASH Norms and Standards for *Anganwadi* Centres, which will be finalized in early 2013. The programme will continue to support convergence with other programmes so that critical WASH interventions and messages are incorporated into relevant government flagship programmes, including ICDS, through evidence-based advocacy, capacity building and technical assistance.

d. The Education programme will support early childhood education with a focus on the most disadvantaged communities through quality improvements of preschool education and ECE, and ICDS convergence with SSA. This includes technical support to standards, curriculum development, capacity building of ECE functionaries and teacher support in *Anganwadi* centres/schools as well as building a knowledge base for good practice.

e. The Policy, Planning and Evaluation (PPE) programme, as part of its contribution to the gender and care policy debate, will support ICDS in building a knowledge base on crèches and day care.

[40] MDG India Country Report 2011 (MOSPI) http://mospi.nic.in/Mospi_New/upload/MDG_Report_2011_12july12.pdf and India Human Development Report 2011 (Institute of Applied Manpower Research, Planning Commission) http://www.pratirodh.com/pdf/human_development_report2011.pdf

The PPE programme will also support MWCD strengthen ICDS MIS and conduct Rapid Survey on Children (RSOC). In addition to providing information on a few outcome level indicators, RSOC will provide evidence on supplementary nutrition, ECE and pre-school education, activities, availability of equipment, infrastructure and support at *Anganwadi* Centres.

24. Support to districts will be made from the states and identified with the active involvement of the respective state governments. Areas of focus will be strengthening convergent planning and implementation processes of flagships like ICDS, ICPS, NRHM, SSA and NBA and providing support to the Office of the District Collector or the *Zilla Parishad*.

25. In recognition of India's fast paced urbanisation, UNICEF will also support selected interventions in urban areas upon request from nodal ministries and departments, with a focus on monitoring and targeting the most vulnerable and marginalised.

26. An emerging issue that requires increased attention is support to children with disabilities. UNICEF will facilitate convergence among health, child development and nutrition, education, and protection programmes and engage with MWCD to identify areas of support.

Programme Component

Programme Component 1: Infants, young children and their mothers have equitable access to, and utilise, quality services for child survival, growth and development.

27. India's progress towards the achievement of Millennium Development Goals 1, 4, 5, 6 and 7 for the survival, growth and development of children remains uneven. The overall improvement in the survival of children under five (32 per cent reduction since 1990) is slowed down by limited progress on the improvement of child survival, growth and development in the first two years of life, during which over 80-90 per cent of child deaths occur. This is largely due to the poor coverage and quality of essential health, nutrition, development, water, sanitation and hygiene services and poor feeding, hygiene and care practices for children under two and their mothers.

28. In line with GOI's Nutrition Communication Campaign and Child Survival Call to Action, Programme Component 1 will support the delivery of quality, evidence-based, high-impact essential services, through a continuum of care from conception, through infancy and early childhood (life-cycle approach). It will promote the timely use of essential services, and accelerate the adoption of positive family practices and community norms for the survival, growth and development of infants, young children and their mothers. It will apply a strong equity lens so that the most vulnerable and marginalised children and mothers – the youngest, the poorest and the excluded – benefit first and most from investments in child survival, growth and development.

29. Programme Component 1 will foster convergence among four programmes and their respective sectors to ensure that infants, young children and their mothers have equitable access to, and use quality services for child survival, growth and development. The four programmes are: Reproductive and Child Health, Child Development and Nutrition, Water, Sanitation and Hygiene, and Communication for Development, including Polio Eradication. UNICEF will support an integrated approach to early childhood survival,

growth, development and learning covering health, nutrition, water and sanitation, education, disaster risk reduction and protection outcomes through the convergence of ICDS, NRHM, NBA, National Rural Drinking Water Programme (NRDWP), SSA and ICPS. The respective contributions to the Programme Component are described below:

REPRODUCTIVE AND CHILD HEALTH (RCH)

30. The RCH programme will support government and partners scale up with quality programmes that provide essential services, counselling and support to improve the survival, growth and development of infants, young children and their mothers, with a special emphasis on the most deprived.

31. Specifically, the RCH programme will support the NRHM and the ICDS, the Government's flagship programmes to improve survival, growth and development outcomes of children and their mothers in rural and urban areas, focusing on most marginalised families and communities. UNICEF will support the Government in achieving the elimination of new HIV infections among children and keeping their mothers alive. This will be done by accelerating the integration of Prevention of Parent to Child Transmission, treatment, care and support for children living with HIV in regular maternal, child health and antenatal care programmes.

32. The programme will contribute to the following key result areas:

- Improve coverage and quality of community- and facility-based Maternal, Newborn and Child Health (MNCH) services. The programme will focus on improving supportive supervision and quality assurance of: (1) community- and facility-based newborn care, (2) management of childhood illnesses (pneumonia, diarrhoea and malaria) and paediatrics AIDS, (3), immunisation services, and (4) comprehensive maternal health services along the continuum of care which includes quality ante natal services and integrated prevention of transmission of HIV from parents to their children.
- Improve planning, budgeting, implementation and monitoring of MNCH programmes. The programme will improve the capacity of state, district and block level programme managers for improved delivery of key services.
- Improve availability of analyses and evidence for informing health policies and programmes. The programme will generate and synthesise the available evidence as well as improve use of Health Management Information System.
- Continued evidence-based advocacy through strong partnerships and engagement with civil society and media organisations.

33. To contribute to these result areas, the programme will rely on the following strategies:

- Strengthen capacity of training and resource institutions to support scale-up, supportive supervision and quality assurance of key MNCH services.
- Foster convergence between NRHM and ICDS systems to scale up programme coverage, improve service quality, and ensure equitable delivery.
- Mobilise communities to adopt healthy behaviours, participate in planning and monitoring of health services and increase their trust in and reliance on public services.
- Enhance capacity of state, district and block programme management systems for improved management of MNCH programmes.

CHILD DEVELOPMENT AND NUTRITION (CDN)

34. The CDN programme will support governments and partners to scale up with quality programmes that provide essential services, counselling and support to improve the survival, growth and development of infants, young children and their mothers, with a special emphasis on the most deprived.

35. Specifically, the CDN programme will support ICDS and NRHM, India's flagship programmes with a mandate to improve growth and development outcomes in infants and young children and nutrition outcomes in mothers.

36. The programme will support national policies and programmes to protect, promote and support optimal infant and young child feeding and care, nutrition and care for pregnant women and breastfeeding mothers, micronutrient nutrition and anaemia prevention through the life cycle and nutrition care and support for children who are sick, severely undernourished or exposed to HIV.

37. The programme will support government and partners to:
    - Scale up programmes to deliver essential nutrition and development services to prevent undernutrition in infants and young children, particularly in the most deprived communities.
    - Stimulate families and communities' demand for essential services and adoption of essential practices to prevent undernutrition in infants and young children, particularly in the most deprived communities.
    - Scale up programmes to provide essential care and support for children who are sick, severely undernourished or affected by disasters.
    - Have access to data, evidence, information and knowledge to guide multisectoral advocacy, policy, programme and budgetary action, particularly for the most deprived children.

38. To achieve these results, the programme will apply a five-pronged strategy:
    - Foster convergence between ICDS and NRHM systems to scale up programme coverage, improve service quality, and ensure equitable and inclusive delivery.
    - Strengthen the capacity of ICDS and NRHM to improve the management, supervisory and knowledge and counselling skills of programme managers, supervisors and workers.
    - Support the scale up of effective community mobilisation strategies around ICDS and NRHM to increase communities' demand for and uptake of essential services and practices.
    - Strengthen programme information systems particularly those of ICDS and NRHM to collect relevant and disaggregated data on the coverage, quality, equity and inclusiveness of the services they deliver.
    - Consolidate partnerships with academic institutions, civil society organisations, and other national and international partners to advance policies and programmes to improve maternal and child nutrition and development outcomes.

WATER, SANITATION AND HYGIENE (WASH)

39. The programme will reduce WASH related disease, mortality, and morbidity, including stunting due to chronic under-nutrition in children under-two years by support to National and State Governments and partners to:
    - Access data, evidence, information and knowledge to guide WASH advocacy, policy, planning, programme and budgetary action.

- Stimulate demand and adopt community approaches to eliminate open defecation and promote the adoption of hygiene practices, especially in the most deprived communities.
- Scale-up improved service delivery of safe and sustainable drinking water, especially in the most deprived communities.
- Improve children's learning environment by ensuring access to sustainable safe water and sanitation facilities and hygiene practices in schools.

40. Specifically the programme will support national flagship programmes and policies, for example, the NBA and the NRDWP to optimise resources and to ensure that government and partners leverage support from diverse sources.

41. The following strategies will be adopted to achieve these results:
    - Convergent approaches with UNICEF's Education, CDN, RCH, Disaster Risk Reduction (DRR) and Communication for Development (including polio eradication) sections to ensure critical WASH interventions and messages are geographically aligned or incorporated into relevant government flagship programmes, and to challenge existing social practices and norms and create alternative behaviours.
    - The provision of technical advice to support government to substantially strengthen safe water approaches to ensure the entire water safety cycle is in place (from testing to corrective action).
    - Targeted knowledge management activities to influence decision making and policy, and leverage resources, particularly for programming in the most high risk and deprived communities.
    - Developing mechanisms to improve quality of WASH sector monitoring and data analysis at national and state level with timely and adequate verification.

COMMUNICATION FOR DEVELOPMENT (C4D)

42. The C4D programme in collaboration with RCH, CDN and WASH programmes will support the institutional capacity of government departments and institutions to strategically plan and implement initiatives for social and behaviour change. This is to ensure the Government's flagship programmes for child survival, growth and development (e.g., ICDS, NRHM and NBA) utilise allocated funds and communication plans to address individual and social behavioural issues.

43. The C4D programme will focus on (a) strengthening communication systems in flagship programmes, institutions and partner organisations, (b) supporting the development of human resource capacity in strategic communication planning, implementation, monitoring and evaluation as well as community mobilisation and interpersonal communication skills, (c) promoting social mobilisation and enhancing demand about essential services and practices in nutrition, health, water and sanitation, (d) developing, using and documenting strategies and innovations to promote social and behaviour change related to child survival and development, and (e) building and strengthening partnerships with key stakeholders and influencers to maximise reach and impact.

44. An important component of the C4D programme is **social mobilisation for Polio Eradication**. UNICEF will collaborate with government and partners at all levels to maintain the current gains in polio eradication through intense social mobilisation activities and convergent interventions. This includes routine immunisation,

nutrition, and water, sanitation and hygiene, through the use of community mobilisers in previously polio-endemic states, namely Uttar Pradesh and Bihar, and other identified high risk areas within India.

45. The programme will contribute to the following key result areas:

- Parents of all children, have increased knowledge about upcoming polio vaccination rounds and increased willingness to immunise their under five children against polio. This is to happen both in static and mobile population groups.
- Reducing risk factors for poliovirus importation in SMNet (Social Mobilisation Networks) areas by promoting convergence of sectoral responses.
- Key policy makers, celebrities and media are engaged to stimulate demand for services and promote practices regarding child survival, growth and development.

46. To achieve the above, the key strategies will be:

- Research, monitoring and evaluations conducted to inform, monitor and improve communication strategies, tools and IEC.
- C4D campaigns and using TV and Radio for polio campaigns and delivering messages on routine immunisation.
- Interpersonal communication though the SMNet, in 6,000 identified high risk areas, with an emphasis on convergent messages supporting polio eradication.
- Capacity building of SMNet and government health workers to tackle complacency.
- Capacity building of government at national and state level to roll out emergency preparedness and response plans in case of poliovirus importation.
- Advocacy with media to mainstream health messages and to accurately and appropriately report on health issues including polio.

Programme Component 2: Boys and girls live in a protective and learning environment and have equitable access to and utilise quality education and protection services.

47. Capitalising on recent progressive measures ensuring the right to quality education and protection for children, UNICEF will continue providing cutting edge technical support to ensure systems are able to deliver education and protection services and at the same time, communities are empowered to demand these essential services. Ultimately, the aim is for children to thrive in a child-friendly learning and home environment with strong school, family and community based structures. This Programme Component will strive to ensure girls and boys both in and out of school, grow up free from violence, exploitation, abuse and unnecessary separation from their families. Embedded in this, influencing positive social values, norms and practices that lead to the equitable utilisation of education and protection services will be key, as will the generation of robust data.

48. Programme Component 2 will promote a protective and learning environment for all children – at school, in the community, and at home especially focusing on the most deprived and marginalised communities. This is the stage in the life-cycle wherein children's education and protection are paramount to ensuring a smooth transition to adolescence and a brighter future for themselves and their children. This brings together the Education and Child Protection programmes, along with contributing programmes such as Health (school health programme), WASH, Disaster Risk Reduction, HIV (ensuring access to school for

children affected by HIV) and the support of cross-sectoral programmes of Advocacy and Communication, Policy, Planning and Evaluation, and Communication for Development. The two primary programmes are described below:

EDUCATION

49. The Education programme will support and strengthen government efforts to provide quality education by reducing gender and other social and economic disparities. While retaining a focus on elementary education under the RTE (2009), the programme will look at a wider gamut – starting from early childhood education through elementary grades up to grade 10. Child-friendly schools and systems will be promoted and capacities of teachers strengthened to ensure effective teaching and learning. Convergence with other programmes to combat child labour and child marriage, and universal access to improved water, sanitation and hygiene facilities in schools, will be crucial. The aim is to increase school completion rates and reduce dropout rates. This recognises the transformative potential of the education system and how the school is an instrument of protection for the most disadvantaged children.

50. The programme will contribute to the following key result areas:

- Government and partners have the capacity to provide equitable access to quality Early Childhood Education.
- Government and partners have increased capacity to implement RTE and child-friendly schools.
- State level systems strengthened for enhancing capacities of teachers and ECE functionaries to deliver quality education with equity.
- Government and partners have the capacity to stimulate demand for equitable access to quality elementary education, with a focus on the most deprived communities.

51. To achieve the above, the key strategies will be:

i. Enhancing capacities to strengthen education systems

With the enactment of RTE that guarantees children's right to quality education with equity, and building on the great strides in achieving access to education over the last decade, the focus needs to shift towards the *Right to Learn* to really address the core problem. This means improving school completion rates and learning outcomes by reducing gender and other social disparities, and improving the quality and coverage of pre-school.

UNICEF will intensify its work with government to promote child-centred, child-friendly learning environments through community-based school management structures and the development of RTE compliant school development plans. This will involve measures to improve the overall learning environment and ensure classrooms free of violence; improved school environment and infrastructure including improved water, sanitation and hygiene and mid-day meal practices; teacher development linked to learning outcomes; and community and civil society participation. The integration of the child-friendly framework and tools into state education plans and delivery mechanisms will be crucial. Efforts will also be made to establish norms and standards on early learning with modelling supported in selected states to improve school readiness.

Strengthening state level teacher education planning and systems will be critical to ensuring improved teacher preparation and on-the-job support to ensure the mainstreaming of millions of out of school children back into age-appropriate class. Recognising that teachers are catalysts for social change, they will be central to ensuring an inclusive and participatory teaching and learning process as well

as classrooms free of trauma, violence and corporal punishment. The emphasis on differentiated and targeted inclusive programming to reach the most vulnerable will continue. In this regard, the National Vision for Girls' Education in India and the road-map to achieving gender equality in basic education by 2015 will be important tools in supporting girls' education.

ii. Empowering communities, families and their children

It is equally crucial to ensure that the most deprived and marginalised communities are themselves empowered to demand essential services. This will involve capacity development of community based structures (e.g. School Management Committees, Child Protection Committees, Self Help Groups, youth collectives) to improve the quality, coverage, demand and use of services. Social mobilisation and communication for development strategies will be employed to stimulate demand for quality education. Efforts will be made to enhance the capacity of the education sector to roll-out such strategies.

iii. Evidence-based advocacy to support child rights

There is an urgent need to improve data and information systems to track out-of-school children, measure quality and learning outcomes, and correlate education with child protection data for effective planning and response. Evidence based advocacy through strengthened partnership with government, civil society networks, media and community organisations as well as strengthened national and state capacities for programme, monitoring and evaluation of RTE will be critical. This will contribute to ensuring change at opinion and policy-making level,[41] institutional level[42] and community level.[43] Information and Communications Technology will be used to support Monitoring Information Systems, quality assurance, the professional development of teachers as well as to strengthen advocacy and social networking to enable a protective learning environment for all children.

CHILD PROTECTION

52. The objective of the Child Protection programme is to ensure that all children grow up free from violence, exploitation, abuse and unnecessary separation from their families in their homes, their communities and at school. The programme will aim to: strengthen child protection systems at national, state, district, and sub-district levels through the roll out of the ICPS; develop capacities of families, communities and service providers; establish improved reporting and monitoring systems; and promote evidence based policy advocacy. The programme will work to prevent child labour, child trafficking, gender-biased sex selection and violence against children in all settings – at home, in schools, in institutions and in areas affected by civil strife.

53. Special attention will be given to the establishment and strengthening of community-based preventive child protection systems. To avoid unnecessary separation of children from their families, enhancing the capacities of families and non-institutional alternative care will be promoted. To address child trafficking and initiatives to ensure prevention, rescue, rehabilitation, reintegration and repatriation of trafficked children, programmes e.g. *Ujjawala* scheme will be strengthened. In this area, efforts such as promotion of law enforcement, capacity building of stakeholders, awareness raising and creation of community protection mechanisms will be supported. Recognising that children affected by HIV face stigmatisation, denial and delays in essential services, and a higher likelihood of being orphaned, the Child Protection programme will give specific attention to the needs of these children, within the framework of the ICPS.

[41] Legislators, Members of Parliament, media public opinion.
[42] Government functionaries, civil society practitioners.
[43] Child Protection Committees, School Management Committees, Self Help Groups, Youth Collectives.

54. The programme will contribute to the following key result areas:

- Government and partners have the capacity to strengthen systems to protect children from child labour, violence, abuse, trafficking and unnecessary family separation.[44]
- Governments and partners have access to data, evidence, information and knowledge to guide advocacy, policy, planning, programme and budgetary action on child protection.
- Government and partners have the capacity to enable HIV-affected communities to protect and promote their rights and the rights of their children.

55. To achieve the above, the key strategies will be:

i. Enhance capacities to strengthen child protection systems.

Capacity development at all levels will be a critical programme strategy. This will enable the child protection systems to effectively plan, implement, and monitor programme interventions, including enhancing the capacities of families and non-institutional alternative care, community-based preventive mechanisms, and referral mechanisms for children affected by HIV. Capacities of ICPS functionaries at state and district levels will be strengthened to deliver all critical child protection services at district and sub-district levels. Enhanced capacities of juvenile justice functionaries and police personnel who come in contact with children will result in effective implementation of the Juvenile Justice (Care and Protection of Children), Act 2000.

Within Juvenile Justice, the programme will lay special emphasis on interventions relating to children in conflict with the law. In the context of rapid urbanisation, the programme will contribute towards development of models of child protection systems in select urban areas. At the national and state levels, capacities of personnel will be enhanced to develop and implement robust monitoring information systems to ensure that quality data is gathered and analysed routinely, resulting in strengthened planning and monitoring processes. Towards developing a cadre of trained and qualified child protection professionals, the programme will work closely with universities and academic institutions to introduce and prioritise child protection curricula in social work education.

ii. Empower children, families, and communities

Empowerment of children, families, and communities will be a vital preventive strategy. Mobilisation and capacity-building of communities and community-based protection mechanisms to address relevant child protection concerns will directly contribute to prevention of violence, abuse, and exploitation of children. This will also include capacity-building of children, families, Panchayati Raj Institutions (PRI), frontline functionaries, service providers, child protection committees, school management committees, and civil society organisations towards enhanced participation in community-level processes. This will be done through interpersonal communication and listening, building trust, sharing knowledge skills, creating community dialogue and the innovative use of media.

iii. Promote knowledge management to influence policy

Quality research and advocacy on specific child protection concerns will directly contribute to strengthen legislative and programme interventions on child protection. Research in areas such as child labour where there exists a dearth of data and cost-benefit analyses of institutional care vis-à-vis family-based care will lead to informed policy advocacy on these issues. Models of intervention which prevent the violence, abuse and exploitation of children through education, protection and other measures will feed into such evidence-based advocacy including models addressing the needs of working children and children adversely affected by migration and urbanisation.

[44] Child Protection concerns also include: Child Labour and Trafficking, Sexual Exploitation, Juvenile Justice, Children Without Parental Care, CP Concerns of Children in Urban Areas, Child Marriage, DRR, Children Affected by Civil Strife, Children Affected by HIV, Children with Special Needs and other Context-Specific CP concerns.

Programme Component 3: Adolescents participate in and are empowered to make informed decisions affecting their lives.

56. Adolescence is a period of profound physical and psychological changes during which young people learn the required skills that will help them assume control of their own lives and make informed decisions.

57. Adolescents have the right to information and must have the means to act on this knowledge. Through improved access to health care services and information tailored to their specific needs, adolescents are better equipped to take informed decisions regarding their health, nutrition and development. Thus it is imperative that their perceptions and needs are addressed and a safe and enabling environment is created to help them develop their capacities for shaping their own future as well as that of the nation.

58. Programme Component 3 aims to achieve two primary results. The first is to empower adolescents especially those from other marginalised groups, with proper knowledge to adopt positive practices, access preventive, curative and protective services; and enhance their skills and participation in local governance processes and mechanisms. The second is to promote the creation of enabling and safe platforms and environments wherein adolescents feel free to take part in decision-making processes affecting their lives. For this, the focus will be on supporting and engaging with stakeholders such as teachers, frontline workers, law enforcers and other key influencers within the community.

59. This Programme Component brings together Communication for Development, Child Protection, Education, Reproductive and Child Health, Child Development and Nutrition, Advocacy and Communication, and Disaster Risk Reduction. Their respective contributions are described below:

COMMUNICATION FOR DEVELOPMENT (C4D)

60. The C4D programme will aim to promote a safe and enabling environment by engaging with adolescents while also building the capacities of stakeholders including key influencers at multiple levels. Capacities of key stakeholders will be built so as to successfully address social norms and build agency among adolescents to empower them to actively partake in decisions that define their own development.

61. Given the novelty of this area of work for UNICEF and the limited evidence available, C4D, in collaboration with key partners, will focus on reviewing, collecting, disaggregating and packaging data so that it can inform programming. Another important element will be to build capacities of stakeholders in this area and provide spaces and platforms where adolescents can engage openly and safely.

62. An important strategy in addressing social norms and behaviours will be to experiment and apply innovative communication models in selected areas – with the ultimate objective of promoting their scale-up through the government, civil society and partner networks. In doing so, existing communication brands such as *Meena and Facts for Life* will also be used and further expanded. Specific attention will also be given to HIV prevention among at risk and vulnerable adolescents through life skills.

CHILD PROTECTION (CP)

63. The Child Protection programme will promote an environment in which adolescents are protected from violence, child labour, child marriage, trafficking, other forms of exploitation, abuse and unnecessary family separation, so that they can develop to their full potential. This will be done through the roll out and strengthening of ICPS, the establishment of community-based child protection structures and the constant generation of dialogue and open discussion about protection issues at all levels.

64. The programme will support developing a knowledge base and capacities of stakeholders to create a protective environment for adolescents. Leveraging the efforts invested in promoting a Protective and Learning Environment under Programme Component 2, the Child Protection programme will focus on some of the threats that affect adolescents in particular and limit their development, such as child marriage, trafficking, conflict with the law and other forms of exploitation.

65. The programme will also build on existing adolescent groups, enhance them and work more with duty bearers such as men, women, religious leaders and communities.

EDUCATION[45]

66. Education is very critical for empowering adolescents and honing their decision making skills, and it is important that all adolescents have access to quality education at both upper primary and secondary education levels. UNICEF support to government and partners will focus on completion of elementary cycle (Grade VIII) and transition to secondary education.

67. The Education programme will aim to increase access of adolescents to secondary education with a focus on reducing gender and social disparities. This will include life-skills education being integrated into the age appropriate curriculum (11–18 years) in schools.

68. UNICEF will advocate for the integration of age-appropriate, adolescent-friendly norms and standards into *Rastriya Madhyamik Shiksha Abhiyan* (RMSA)[46] and SSA plans. It will also analyse the existing data on educational indicators from an equity perspective and advocate for differentiated strategies to support increased access and transition of adolescents from upper primary to secondary education.

69. At the same time, technical support will be provided to the National Council of Educational Research and Training (NCERT) and State Council of Educational Research and Training in preparation of Secondary Education Curriculum incorporating age appropriate adolescent needs.

REPRODUCTIVE AND CHILD HEALTH (RCH)

70. Adolescence presents a significant opportunity for promoting the health, growth and survival across generations. Health, nutrition and development of adolescents not only set the trajectory of their own health, but also future children that they may have once they enter adulthood.

71. Many adolescents in India are out of school, get married early, are sexually active and work in vulnerable situations. In the absence of adequate employment opportunities in rural areas, many adolescents migrate to town and cities, further increasing their risks for ill health, while reducing access to safe healthcare services.

72. The RCH programme will aim to improve healthcare for adolescent, especially focussing on reproductive health and sexuality, by strengthening an adolescent-friendly approach with regards to services and service providers. The focus will be on the most vulnerable, such as those from marginalised communities, those living with HIV and migrants. Models that integrate community and facility approaches, and that

[45] The Education programme's contribution to PC 3 is continuation of support to government and partners in PC 2, which focusses on boys and girls up to the age of 14. It is therefore particular reference is made to upper primary schooling as part of PC 3 along with secondary education.

[46] *Education for All* programme for Secondary Education

combine provision of information, services and building of positive environment will be prioritised. The programme will also work with training institutes at national and state level to develop capacity of programme managers in designing and delivering comprehensive adolescent healthcare services.

CHILD DEVELOPMENT AND NUTRITION (CDN)

73. The CDN programme will support governments and partners to scale up programmes for the provision of continuum of care for nutrition for adolescent girls. This includes – anaemia control, nutrition, personal hygiene and sanitation, health and psychosocial care.

74. The CDN programme will support the implementation of the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA under the MWCD and the Weekly Iron Folic Acid Supplementation programme under the NRHM. The platform of *Anganwadi* Centres under ICDS and schools will be strengthened and utilised for delivery of services to adolescent girls both in and out of school.

75. A combination of strategies will be used to scale up programmes for nutrition care for adolescent girls. The programme will work to establish appropriate linkages with other sectors and partners for ensuring continuum of care for adolescent girls at the household, community and facility level.

ADVOCACY AND COMMUNICATION (A&C)

76. To catalyse social and policy change for the benefit of adolescents, the programme will promote public dialogue and engagement, and forge partnerships and networks with key influencers. By raising the profile of adolescents in public discourse and using evidence-based advocacy and policy dialogue with decision-makers, A&C programme aims to build an enabling environment for adolescent participation. The programme will initiate strategic partnerships with key stakeholders including government, civil society and the media to create innovative and sustainable spaces for adolescent participation. This will ensure that adolescent voices are heard and captured to influence key decisions affecting them.

77. In addition, there is a need to engage with and develop capacities of stakeholders working with adolescents and make them recognise the importance of participation as a right. Through this stakeholders will be better equipped to develop capacities of children and adolescents in their communities, and encourage them to become agents of information and change.

78. Documenting and validating successful adolescent participation models will be used to advocate for up scaling and institutionalising adolescent participation within government programmes.

DISASTER RISK REDUCTION (DRR)

79. The programme will support government efforts in mainstreaming child-centred DRR focusing on adolescents, which includes strategies for addressing climate change adaptation (CCA). It will promote active adolescent participation in DRR policy dialogue and decision-making which in turn will contribute to the development of adolescents' skills and potential as future advocates and leaders.

80. The DRR programme will promote enhanced capacity of stakeholders to ensure equitable access to services and improved protection for adolescents in areas vulnerable to and affected by disaster and civil strife.

81. The programme will advocate with and assist government mainstream child-centred DRR and CCA into policy, development planning and programme implementation. Efforts will be made to improve the resilience of rural and urban communities to disaster, and build communities' capacity to meet the challenges of climate change to ensure the protection of children's rights.

Common Strategies for Programme Component 3

82. In achieving all the programme specific results outlined above that together comprise a broad strategic framework for the empowerment and participation of adolescents; three key cross-cutting strategies will be employed:

- **Capacity Development:** Building onto existing government flagship programmes and schemes (e.g. RMSA, SSA, ICPS, NRHM, SABLA, IGMSY, *Janani Suraksha Yojana*,[47] *Janani Shishu Suraksha Karyakram*[48]) the programmes will work in a convergent manner to mainstream adolescents and develop the capacities of government so that the specific needs of adolescents are addressed. Efforts will also be made to ensure that adolescents, especially the most vulnerable and deprived, can access a range of services without discrimination.
- **Knowledge Management:** Given the new and enhanced focus on this area of work – the generation, analysis and dissemination of knowledge around issues of adolescence and programming *for* adolescents will be of crucial importance. The focus will be on improving knowledge about adolescents in India and their lives through a comprehensive adolescent survey, and each contributing programme will identify relevant areas of knowledge gaps to ensure evidence-based programming
- **Building Partnerships:** All contributing programmes will make concerted efforts in engaging with stakeholders who can and do influence adolescents' lives in a significant manner. This will be done by building alliances and creating partnerships with key stakeholders, including governments, civil society, media and naturally, with adolescent groups themselves.

Programme Component 4: Policies, practices, programmes, public opinion and social norms advance the rights of children, adolescents and women.

83. The goal of Programme Component 4 is to strengthen the enabling environment of policies, practices, programmes, public opinion and social norms to advance and sustain the rights of children, adolescents and women. This will be done by focusing on knowledge management, data and monitoring of the situation of children and women, evaluation of programmes and policies, development of partners' capacity in identified areas, advocacy and policy influencing, promoting social inclusion for equity, decentralised governance and promoting the use of communication for development strategies.

84. This Programme Component brings together three discrete programmes: Advocacy and Communication, Communication for Development and Policy, Planning and Evaluation. The cross-cutting nature of these programmes will in turn enhance and upscale results in all other Programme Components.

[47] Cash transfer scheme for promoting institutional delivery.
[48] Scheme to provide free health services to all pregnant women and sick newborns.

85. Each contributing programme is described below:

ADVOCACY AND COMMUNICATION (A&C)

86. The A&C programme aims to inform and sustain an active and productive public discourse on key child rights issues. This will be done though the creation of tools, channels and platforms for awareness-raising, dialogue and engagement, including traditional and social media; and evidence-based advocacy and policy dialogue with decision-makers and key influencers including celebrities to whom children and women can relate.

87. The aim is to raise the profile of children's issues and build a social consensus for policies, laws and resource allocation in support of the rights of children and women.

88. The programme will contribute to the following key result areas:

- Facilitate an enabling environment for change in all of UNICEF's key programme areas, with core contributions in policy advocacy and informing public discourse.
- Ensure that decision makers and influencers have access to and are able to use information and knowledge to inform programmes, policies, planning and budgets with a child rights focus.
- Make available and accessible high quality knowledge products suitable for policy advocacy.
- Support consultations at state level to contribute to the CRC reporting.

89. To achieve the above, the key strategies will be:

- **Build strategic partnerships and networks** with decision makers, members of parliament and key influencers including elected representatives, faith-based leaders, the judiciary, celebrities and civil society organisations to facilitate an enabling environment for change at the policy level.
- **Build the capacity of and engage with diverse media** (electronic, print and digital) to increase the awareness of the general public and initiate an informed public discourse on children's issues. This will include engagement with business media to highlight how partnerships with the private sector can add value to the corporate social responsibility space.
- **Develop and disseminate evidence-based communication packages** (online and print) as part of UNICEF's knowledge management strategy, to support advocacy for policy change. These packages will be used for various public and policy platforms and networks as well as available UNICEF channels and platforms. This includes the documentation and communication of successful innovations/good practices that can be replicated, all of which will serve to increase the credibility and visibility of UNICEF as a knowledge broker on children's issues in India.

COMMUNICATION FOR DEVELOPMENT (C4D)

90. The C4D programme will endeavour to study, explore and influence behaviours and social norms in favour of children through the development and use of relevant communication innovations. The programme will expand the use of its existing media base, academic institution based and government based communication innovations like *Meena Radio*, C4D curriculum development and Centres of Excellence respectively. Simultaneously, it will develop new, evidence based communication innovations that will address and promote child rights.

91. The programme will contribute to the following key result areas:

- Knowledge and capacity strengthened to use communication innovations.
- Government and key partners can scale up communication innovations, including digital media, developed and tested in select areas.
- Promote the adoption of child-friendly practices and social norms.

92. To achieve the above, the key strategies will be:

- **Demonstrate effective communication innovations to influence social norms and promote behaviour change.** Innovative models of communication based on the two communication brands of *Meena and Facts for Life* will be developed and demonstrated. The innovations will be on new and engaging methods of conducting interpersonal and group communication, tapping new age digital media, communication training using audio-visual aids and participatory and qualitative communication monitoring and evaluation techniques. Their use would then be expanded through the government, civil society and partner networks.
- **Build the capacity of key stakeholders to use communication innovations.** Capacities of key stakeholders in government and civil society would be built on how to use and monitor the effectiveness of communication innovations so that they can effectively contribute to behaviour change and address social norms that hinder child rights. For building local capacity, communicators from within the community will be identified and trained.
- **Empower communities.** The primary stakeholders in the intervention areas will be mobilised through the use of communication innovations and community dialogue. They will then be able to make informed choices and exhibit positive behaviours conducive to children's well-being. The community will also be engaged to build peer pressure aimed at changing behaviours and shifting norms in favour of the realisation of child rights.
- **Leverage partnerships both within and outside government.** The C4D programme will continue to work closely with government at national, state and district level and complement this by convening partners from civil society, academia, media and the private sector for the development, implementation and monitoring of communication innovations.
- **Promote social inclusion to achieve equity.** Select innovations will focus on excluded and deprived communities, by creating opportunities for their voices to be heard, promoting knowledge on rights and entitlements, and fostering an environment for transparent, accountable and non-discriminatory service delivery.

POLICY, PLANNING AND EVALUATION (PPE)

93. The PPE programme will provide evidence and generate the knowledge that will be used in advocating for policy formulation and programming with prime considerations of equity and child rights. The analysis of disaggregated data and the identification of bottlenecks that prevent the realisation of children's rights at national, subnational and district level is key to this process, as is monitoring and evaluation of flagship programmes and the formulation of a national evaluation policy. The overall policy environment for the promotion of the well-being of children, their families and communities will be addressed through social policy analysis and advocacy. In particular, the extent to which economic and social policies address vulnerabilities of women and children because of their social or economic status will be the focus of the social policy work within PPE.

94. The programme will work with government and partners in defining and advancing the research agenda for children, in following up on recommendations from and reporting to the CRC Committee and ensuring child rights considerations in sectoral and state policies. MWCD will be supported in the development of District Plan of Action to address adverse child sex ratio. Planning and monitoring of social sector programmes and budgets at state and district level will be strengthened with a view to increasing outlays for children and translating them into outcomes, better utilisation of available resources and inclusion of marginalised communities in service delivery. Advocacy for child sensitive social protection measures will be undertaken based on analysis and evidence of existing investments, gaps and opportunities.

95. The programme will contribute to the following key result areas:

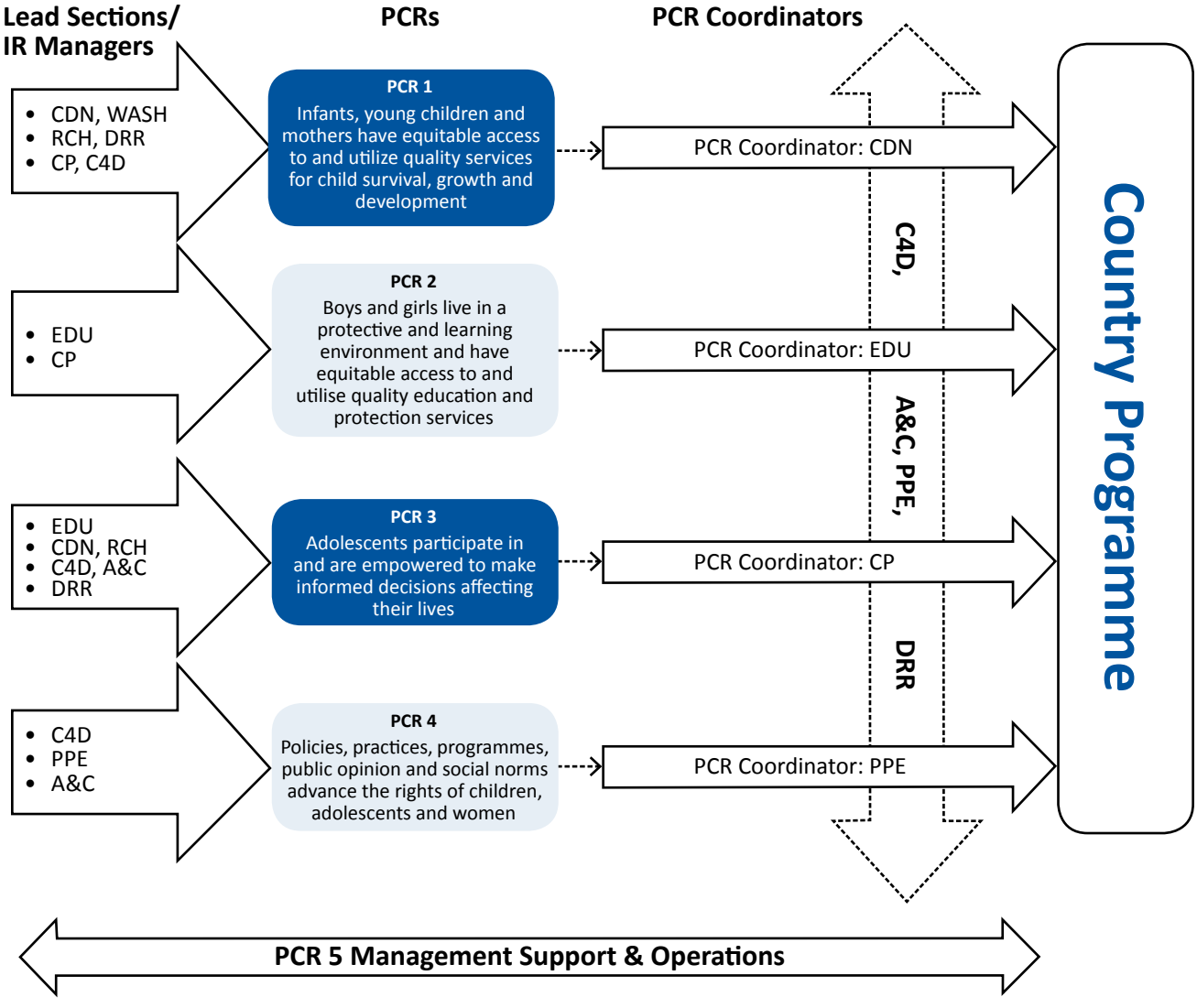
- Strengthening data, monitoring and evaluation systems, including support to MWCD in enhancing MIS for ICDS and conducting Rapid Survey on Children.
- Generation of evidence-based strategic knowledge.
- Producing high quality research and analysis to inform programmes, policy and budgets, and contributing to gender and care policy debate by building a knowledge base on crèches, *Anganwadi* Centre-cum-crèche and day care.
- Exploring how social protection policies and programmes can improve outcomes for children.
- Ensuring reporting and follow up to recommendations on the CRC and mainstreaming this across sectoral policies.
- Supporting convergent participatory planning and the establishment of robust monitoring systems at district level in both rural and urban areas.

96. To achieve the above, the key strategies will be:

- **Capacities and systems** both of government and partners (civil society, academia and research organisations) as well as internally within UNICEF will be supported so that disaggregated data is available, programmes are evaluated, and evidence is documented and used to advance the rights of children and women, especially those from marginalised and excluded communities. At district level, the capacities of committees mandated under the flagship programmes for ensuring participatory planning and implementation will be built, and technical support provided to district planning committees to contribute to outcome based, integrated decentralised district plans and project implementation plans of the various flagship programmes.
- **Quality assurance guidelines** will be developed to improve the process of identifying, designing, evaluating, documenting and disseminating good practices and innovations.
- **Communities will be empowered** to be aware of their rights and entitlements and demand quality services. The capacity of elected members and officials of the local self-governments will be enhanced to plan, budget and monitor social sector programmes with a focus on those which have a direct impact on the wellbeing of children.
- **Innovative policy pilots to test new solutions to existing challenges** will be designed, tested and evaluated. For example, the relevance and feasibility of cash transfers to address household economic vulnerabilities that affect prospects for children; entitlement centres to facilitate the sharing of information between citizens and the state on programmes and schemes; and crèches as a component of child care programmes to address the competing needs of women in both reproductive and productive domains.

Programme Structure

97. A key strategic shift of the 2013-2017 Country Programme is the move towards four, convergent Programme Component Results (PCRs) instead of the traditional route of sectoral PCRs. This will require intensifying inter-sectoral convergence and collaboration, together with critical analysis and reporting around PCRs. The four PCRs will be delivered through convergent programming, with sector specific contribution as represented below:



Summary Budget Table

Programme component	(In thousands of United States dollars)		
	Regular resources	Other resources	Total
Reproductive and child health	19 000	103 000	122 000
Child development and nutrition	19 000	72 000	91 000
Water, sanitation and hygiene	12 000	65 000	77 000
Education	20 000	64 000	84 000
Child protection	13 000	51 000	64 000
Policy, planning and evaluation	25 000	38 000	63 000
Disaster risk reduction	6 000	6 000	12 000
Advocacy and communication	15 000	12 000	27 000
Communication for development	16 000	100 000	116 000
Programme review and monitoring[a]	10 000	16 500	26 500
Cross-sectoral[b]	55 000	12 500	67 500
Total	**210 000**	**540 000**	**750 000**

[a] Covers activities under the Integrated Monitoring and Evaluation Plan, in line with the UNICEF Evaluation Policy.

[b] Covers operational costs (for example, communications, information technology equipment and infrastructure, rental, salaries, security, travel).

98. These are estimated amounts, which will depend on the actual availability of UNICEF global resources and specific-purpose contributions from funding partners.

PART V: PARTNERSHIP STRATEGY

99. One of the key strategies of the new country programme will be to leverage partnerships both within and outside the government at all levels of programme implementation. This includes Non-Governmental Organisations (NGOs) and Civil Society Organisations (CSOs) especially those representing excluded populations, development partners, academia, research and training institutions, mass media, the private sector, communities, and youth and children's organisations. The attainment of results for children and women can only be achieved by using extensive and mutually beneficial partnerships at all levels to leverage technical and professional resources.

100. Along with the partners mentioned in the Summary Results Matrix (Annex A), the GOI-UNICEF Country Programme will be implemented in close partnership with the UN agencies as outlined in the UNDAF 2013-2017, as well as with The World Bank.

101. UNICEF will foster convergence and maximise comparative advantages through *joint programming* and inter-agency collaboration as per the UNDAF, and continue to be involved in promoting Solution Exchange as part of its knowledge management agenda and promote UN-wide response through the United Nations Disaster Management Team.

102. UNICEF's partnership with the UK Department for International Development (DFID), Norway India Partnership, and IKEA Foundation will continue to achieve results for children, adolescents and women in India.

103. UNICEF's resource mobilisation strategy will also include close contacts with the National Committees for UNICEF, and partnerships with the private sector and the public. Resources from national and multinational corporations and individuals will be sought in accordance with applicable rules and regulations.

104. Private partnerships will be built to promote policies for corporate social responsibility that put children first in the workplace, marketplace and the community. Also ensured will be child-friendly business practices in line with global standards and guidelines and support for children from marginalised communities. UNICEF will increase its engagement with the general public and corporate sector, especially with the National Corporate Social Responsibility Hub, the Indian Institute for Corporate Affairs and various business associations. UNICEF will also partner with academia such as Indian Institute of Technology, Delhi to promote better and more efficient use of technology in social development programmes.

PART VI: PROGRAMME MANAGEMENT

105. The MWCD is responsible for overall co-ordination of the GOI-UNICEF Programme of Co-operation. Responsibilities for sectoral programme management at the national level rest with the heads of relevant line ministries, and at the state level, with the corresponding departments. For each programme, a government official will be designated who, working with the designated UNICEF counterpart, will have overall responsibility for planning and implementation of programme activities. MWCD will periodically convene a meeting with representatives from MWCD, UNICEF, as well as other concerned ministries to review and share information on programme interventions. Programme performance and expenditure will be jointly reviewed on an annual basis by MWCD, UNICEF and the ministry or department concerned.

106. UNICEF will support the implementation of the programme of cooperation in states through state Rolling Work Plans in 13 states. At the state level, the department nominated by the Chief Secretary as the nodal department will co-ordinate the planning, implementation and monitoring of UNICEF-assisted interventions within the overall framework of the GOI-UNICEF cooperation agreement. Programme performance and expenditure will be jointly reviewed on an annual basis by the nodal department, the UNICEF state office and relevant departments.

107. The Government and UNICEF acknowledge the role of NGOs and other civil society organisations, academic and research institutions, national and state commissions for women and children, and others, as critical partners in implementing this Programme of Cooperation. Appropriate mechanisms will be developed jointly by each of the participating ministries or departments and UNICEF to ensure that UNICEF assistance is routed in the most effective manner to the constituents of the wider civil society, including NGOs and research agencies, in order to ensure accountability, and consistency with the objectives of the programme as set out in the GOI-UNICEF Programme of Cooperation.

108. The basis for all resource transfers to an Implementing Partner are based on and detailed in the Rolling Work Plans (RWPs) agreed between the Implementing Partner and UNICEF. The RWPs describe the specific results to be achieved as part of the Country Programme, and will detail the specific activities to be carried out, the responsible implementing institutions, time frames and planned inputs from Government and UNICEF. The process of review of work plans and planning for the subsequent year/s is covered under Section VII.

109. All cash transfers to an Implementing Partner are based on the Work Plans agreed between the Implementing Partner and UNICEF. As part of efforts to simplify and harmonise rules and procedures among UN agencies, the 2013-2017 Country Programme will utilise a Harmonised Approach to Cash Transfers (HACT), the common operational framework for transferring cash to government and non-government Implementing Partners.

110. Cash transfers for activities detailed in RWPs can be made by a UN agency using the following modalities:

Cash transferred directly to the Implementing Partner:

A. Prior to the start of activities (direct cash transfer), or

B. After activities have been completed (reimbursement);

C. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;

D. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

111. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorised expenditures shall be requested and released quarterly or after the completion of activities. UNICEF shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorised amounts.

112. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNICEF, or refunded.

113. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of assessment of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN[49] Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNICEF may conduct such an assessment, in which the Implementing Partner shall participate.

114. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

115. In support of the needs of the country programme, Government will support UNICEF India mobilise resources from prospective donor partners. In line with India's rapid development, there is a need for an increased engagement with the general public on children's rights through fundraising and communication initiatives, as this serves to build public commitment and secure resources for social policy and advocacy efforts. The new country programme will seek to build on UNICEF's successful domestic fundraising support from the public and individuals as well as the corporate sector. UNICEF will support fundraising through proven and efficient techniques such as direct mail; telemarketing; direct response TV; social media and face-to-face campaigns and advocacy initiatives. UNICEF, with partners, will also develop targeted and innovative communication and resource mobilisation strategies for promoting children's rights within the broader community, including the public and private corporate sector through the lens of corporate social responsibility.

[49] For the purposes of these clauses, "the UN" includes the IFIs.

PART VII: MONITORING AND EVALUATION

116. This Action Plan has an Integrated Monitoring and Evaluation Plan (IMEP) 2013-2017 in Annex C. Its focus will be on disaggregated data (particularly by Scheduled Caste and Scheduled Tribes, minorities, age, rural/urban and sex). The IMEP covers major strategic surveys, evaluations and research products to be published by UNICEF jointly with government and other partners.

117. All evaluations will be conducted in line with the United Nations Evaluation Group norms[50] and standards[51] and with *UNICEF Evaluation Policy*.[52] Management responses will be developed and the implementation of recommendations of an evaluation will be monitored to ensure its use in informing policies and programmes. Interventions deemed worthy of replication by government will be duly documented and programmes evaluated as a prerequisite.

118. GOI-UNICEF Programme of Co-operation will collaborate with partners to define and advance the research agenda for children, with a view to providing the basis for evidence-based programming and policy formulation.

119. The IMEP will include a major all India survey in partnership with MWCD, which will measure outcomes for children. An equity-focussed situation analysis of children in India will be launched as a flagship publication.

120. With accountability resting on sectoral programmes and oversight on the PPE programme, UNICEF will work with government to strengthen and influence existing data collection mechanisms to include and/or adequately reflect issues related to bottlenecks that deny rights to children and women; influence and support partners in making available data in sectors/areas where there are data gaps; focus on an equity analysis from available secondary and unit level data; support development of unified database on children and women through *Devinfo* platform; conduct primary research only to fill in research gaps or conduct operational research; and evaluate programmes and interventions before they are replicated or scaled-up.

121. Performance monitoring will also be strengthened, on the basis of a well-defined results framework. Programmes will be guided by a monitoring and evaluation framework embedded in UNICEF's Enterprise Resource Plan for improved measurement of results and financial management. Routine monitoring, field visits, baseline and endline surveys of programmatic interventions will be a fixture in their design. This applies equally to joint programming with other UN entities under the UNDAF.

122. MWCD and UNICEF will convene review meetings to assess achievement of results, plan for ensuing years and endorse rolling workplans. This will provide a basis for refinements within each programme. The information received will also provide a basis for the Annual Review and for re-arranging the allocation of funds, supplies, personnel including consultants and equipment on updated time schedules and redefined areas of investment, where appropriate.

123. UNICEF will produce an Annual Report and post it on its public website. The Country Programme will be subject to a major review exercise at mid-term to identify the achievements and constraints, assess

[50] http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=21
[51] http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=22
[52] http://intranet.unicef.org/pd/pdc.nsf/0/41746223FC81F393852573B400571B2A/$FILE/08-4-evaluation%20policy.pdf

programme strategies, identify lessons learned and indicate critical changes that may be necessary to the Country Programme. The Mid Term Review is to be informed by an update of the situation of children and women, evaluations and other documentation of results.

124. 3.8 per cent of the programme budget is set aside for IMEP at strategic level, in addition to all other research, documentation, data, monitoring and evaluation conducted at programmatic level or to strengthen national capacity.

125. Implementing Partners agree to cooperate with UNICEF for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNICEF. To that effect, Implementing Partners agree to the following:

- Periodic on-site reviews and spot checks of their financial records by UNICEF or its representatives,
- Programmatic monitoring of activities following UNICEF's standards and guidance for site visits and field monitoring,
- Special or scheduled audits. UNICEF, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNICEF, and those whose financial management capacity needs strengthening.

126. The audits will be commissioned by UNICEF and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNICEF.

PART VIII: COMMITMENTS OF UNICEF

127. The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of USD 210 million from UNICEF Regular Resources, subject to availability of funds, to support the activities detailed in this CPAP, for the period beginning 1 January 2013 and ending 31 December 2017.

128. The UNICEF Executive Board has also authorised UNICEF to seek additional funding to support the programmes specified in this CPAP, referred therein as Other Resources, to an amount equivalent to USD 540 million. The availability of these funds will be subject to the interest of agencies and partners in proposed interventions of the CPAP. The above funding commitments and proposals are exclusive of additional funds that will be raised in response to emergencies as needed.

129. The overall levels of expenditure by programme will be reviewed periodically by MWCD and UNICEF. In the light of such reviews, and in the event of the need to respond to rapidly changing or unanticipated conditions of children, reallocation of resources between programmes will be determined by UNICEF and MWCD in consultation with the concerned ministries or departments at the central and state levels.

130. UNICEF support to the development and implementation of activities within the Country Programme Action Plan may include technical support, cash assistance, supplies and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities and staff support. This will be done in line with Rolling Work Plans, which are developed in close consultation with and approval from government at national and state level. Part of UNICEF support may be provided to NGOs and CSOs as agreed within the framework of the individual programmes and in line with Rolling Work Plans.

131. UNICEF shall appoint project staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities.

132. Subject to annual reviews and progress in the implementation of the programme, UNICEF funds are distributed by calendar year and in accordance with the Country Programme Action Plan. These budgets will be reviewed and further detailed in the Annual Work Plans. By mutual consent between the Government and UNICEF, if the rate of implementation in any project is substantially below the annual estimates, funds not earmarked by donors to UNICEF for specific projects may be re-allocated to other programmatic interventions that are expected to achieve faster rates of execution.

133. UNICEF will consult with ministries and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, in order to facilitate efficient and timely clearing, warehousing and distribution.

134. In consultation with MWCD, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP and RWPs, for the purpose of reprogramming those commodities within the framework of the CPAP.

135. In case of direct cash transfer or reimbursement, UNICEF shall notify the Implementing Partner of the amount approved by UNICEF and shall disburse funds within 10 working days.

136. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with Implementing Partners, UNICEF shall proceed with the payment within 10 working days.

137. UNICEF shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

138. Where UN agencies other than UNICEF are supporting the same partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

PART IX: COMMITMENTS OF THE GOVERNMENT

139. The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support, necessary for the programme, except as provided by UNICEF and/or other UN agencies, international organisations or bilateral agencies, or non-governmental organisations.

140. The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the Programme of Cooperation and will cooperate with UNICEF by encouraging potential donor governments to make available to UNICEF the funds needed to implement the unfunded components of the programme; endorsing, as appropriate, UNICEF's effort to raise funds for the programme from the private sector both internationally and in India; and by permitting contributions from individuals, corporations and foundations in India to support this programme in accordance with applicable laws.

141. A standard Fund Authorisation and Certificate of Expenditure (FACE) report, reflecting the activity lines of the RWP, will be used by Implementing Partners to request the release of funds, or to secure

the agreement that UNICEF will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilisation of cash received. The Implementing Partner shall identify the designated official(s) authorised to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

142. Cash transferred to Implementing Partners should be strictly spent for the purpose of activities as agreed in the RWPs only.

143. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the RWPs, and ensuring that reports on the full utilisation of all received cash are submitted to UNICEF within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

144. In the case of international Implementing Partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the RWPs, and ensuring that reports on the full utilisation of all received cash are submitted to UNICEF within six months after receipt of the funds.

145. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNICEF will provide UN Agencies or their representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNICEF. All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

146. The findings of each audit will be reported to the Implementing Partner and UNICEF. Each Implementing Partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNICEF that provided cash.
- Undertake timely action to address the accepted audit recommendations.

147. Report on the action taken to implement accepted recommendations to UNICEF on a bi-annual basis.

148. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNICEF under this Country Programme Action Plan. UNICEF shall also be exempt from Value Added Tax in respect of local procurement of supplies or services procured in support of UNICEF assisted programmes.

149. With respect to cash assistance from UNICEF, the Government will designate the names, titles and account details of recipients authorised to receive such assistance. Responsible officials will utilise cash assistance in accordance with the Government regulations and UNICEF regulations and rules, in particular ensuring that cash is expended against prior approved budgets. Any balance of funds

unutilised or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNICEF. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System (as stated in the ICSC circulars).

150. UNICEF supplies will be kept and accounted for separately by the Government and other agencies participating in the programme. The accounting procedure for supplies, equipment and cash disbursements will conform to the general accounting procedure of the Government and will provide the information required by UNICEF and its authorised accountants and auditors.

151. The Government and UNICEF will authorise the publication through national and international media, of the results of the Country Programme and the experiences derived from it.

152. As per the provision of the BCA, the Government will be responsible for dealing with any claims, which may be brought by third parties against UNICEF and its officials, advisors and agents. UNICEF and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNICEF that such claims and liabilities arise from gross negligence or misconduct of such advisors, agents or employees.

153. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF for civil liability under the laws of the country in respect of vehicles and various supplies procured with UNICEF assistance and used in programme activities.

154. The Government and its various ministries and departments at central and state levels will ensure continuation of various privileges and immunities including the waiver and exemptions of various taxes and customs duties on goods and services procured under the GOI-UNICEF Programme of Co-operation, in accordance with the Basic Agreement of 10 May 1949 between the Government and UNICEF, amended on 5 April 1978. MWCD will play a coordinating role in ensuring that the privileges and immunities are respected by all agencies of the Government.

PART X: OTHER PROVISIONS

155. This country Programme Action Plan becomes effective upon signature, but will be understood to cover programme activities to be implemented during the period from 1 January, 2013 through 31 December 2017.

156. The Country Programme Action Plan may be modified by mutual consent of the Government and UNICEF, based on the outcome of the annual reviews, the Mid Term Review or compelling circumstances.

157. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February, 1946, to which the Government of India is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorised, have signed this Country Programme Action Plan on this 21st of January, 2013 in New Delhi, India.

For the Government of India

Mr. Prem Narain, Secretary
Ministry of Women and Child Development

For the United Nations Children's Fund

Mr. Louis-Georges Arsenault, Representative
UNICEF India

Annex E: Acronyms

A&C	Advocacy and Communication
AWC	*Anganwadi Centres*
BCA	Basic Cooperation Agreement
CCA	Climate Change Adaptation
CDN	Child Development and Nutrition (programme)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
C4D	Communication for Development
CP	Child Protection
CPAP	Country Programme Action Plan
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DFID	United Kingdom Department for International Development
DISE	District Information System for Education
DRR	Disaster Risk Reduction
ECE	Early Childhood Education
FACE	Fund Authorization and Certificate of Expenditure
GOI	Government of India
HACT	Harmonised Approach to Cash Transfers
ICDS	Integrated Child Development Services
ICO	India Country Office (UNICEF)
ICPS	Integrated Child Protection Scheme
IEC	Information, Education and Communication
IGMSY	Indira Gandhi *Matritva Sahyog Yojana* (for pregnant women and lactating mothers)
ILO	International Labour Organization
IMEP	Integrated Monitoring and Evaluation Plan
IMNCI	Integrated Management of Newborn and Childhood Illnesses

IMR	Infant Mortality Rate
IOM	International Organization for Migration
IR	Intermediate Result
JSY	*Janani Suraksha Yojana* (safe motherhood cash transfer scheme)
KM	Knowledge Management
MDWS	Ministry of Drinking Water and Sanitation
MHRD	Ministry of Human Resource Development
M&E	Monitoring and Evaluation
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MoHFW	Ministry of Health and Family Welfare
MTSP	Medium-Term Strategic Plans
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NCERT	National Council of Educational Research and Training
NCPCR	National Commission for Protection of Child Rights
NBA	*Nirmal Bharat Abhiyan* (Clean India Campaign)
NGO	Non-governmental Organisation
NGP	*Nirmal Gram Puraskar* (Clean Village Award)
NIPCCD	National Institute of Public Cooperation and Child Development
NRDWP	National Rural Drinking Water Programme
NRHM	National Rural Health Mission
OPV	Oral Polio Vaccine
PC	Programme Component
PIP	Programme Implementation Plan
PPE	Policy, Planning and Evaluation

PPTCT	Prevention of Parent-to-Child Transmission
PRI	*Panchayati Raj* Institution
RCH	Reproductive and Child Health
RMSA	*Rastriya Madhyamik Shiksha Abhiyan* (for universalization of secondary education)
RTE	Right of Children to Free and Compulsory Education Act/Right to Education
RSOC	Rapid Survey on Children
RWP	Rolling Work Plan
SABLA	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SMNet	Social Mobilisation Networks
SSA	*Sarva Shiksha Abhiyan* (Education for All)
U5MR	Under-Five Mortality Rate
UN	United Nations
UNDAF	United Nations Development Action Framework
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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Published in 2013